

*Dr Basset Northampton Mass*

# THE MEDICAL NEWS AND LIBRARY.

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## PROSPECTUS.

THE numerous applications for the Medical Intelligencer, from Physicians in every part of the country, and the general approbation it has received, have induced the publishers to believe that its more frequent publication, with an enlargement of its plan, would render it still more acceptable to the profession. They have therefore determined to issue it in future MONTHLY, under the title of MEDICAL NEWS AND LIBRARY, and that it shall contain, in addition to Miscellaneous Medical Intelligence, reports of Clinical Lectures, accounts of the different Medical Schools and Hospitals, with notices of cases and operations in those Institutions, and various other matters of interest to practitioners. The numerous medical delusions of the day, and the devices resorted to by charlatans to delude the public, will receive due attention and be fully exposed. Quackery never assumed a more audacious front, or appeared in more guises than at present; and with the aid of the powerful auxiliaries it has enlisted, seems likely to overshadow the whole country, unless proper efforts are made to arrest it, and medical men are furnished with the means of refuting the numerous falsehoods and absurdities daily

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propagated, and which obtain credence mainly because the truth in regard to them is never made known.

The scope of this periodical, it will be perceived, is entirely different from that of the *American Journal of the Medical Sciences*. The latter contains the mature reflections and the carefully digested results of the practical experience of the best minds in the profession. The former will be devoted to lighter medical literature. It will record discoveries as they are made, and passing events as they occur, furnishing thus the materials which only after being sifted, compared, verified and digested, become fit for the dignified quarterly. The large number of journals received by the editor will furnish ample materials of such a description, and much that is extremely interesting, but which would not find its way to the profession through existing sources of intelligence, will be submitted through this.

A STUDENT'S LIBRARY was some time since announced as in preparation, and the publishers will now issue it in conjunction with the Medical News. The Library will comprise a series of Lectures on the principal branches of medical science, and will constitute a complete library for the student, and a useful work for reference to the practitioner.

The very full and admirable course of LECTURES ON THE PRINCIPLES AND PRACTICE OF MEDICINE, lately delivered by Professor WATSON, of King's College, London, will be the first of the series. These Lectures will have their separate paging, and will, when complete, form a volume that may be bound by the subscriber.

To conform to this extension of its plan, the title of MEDICAL NEWS AND LIBRARY has been adopted, and a specimen number is herewith submitted.

### TERMS.

THE MEDICAL NEWS AND LIBRARY will be issued on the first of every month, in an octavo form, like the specimen submitted, embracing about THREE HUNDRED PAGES PER ANNUM.

The price to Subscribers will be only ONE DOLLAR A YEAR. As this will be the *cheapest* periodical of its kind in the Union, the amount is payable IN ALL CASES IN ADVANCE, and in money current in Philadelphia. SIX COPIES furnished for FIVE DOLLARS, or THE MEDICAL NEWS and AMERICAN MEDICAL JOURNAL will be furnished for FIVE DOLLARS. As all Postmasters are at liberty to order, and frank remittances for Periodicals, orders and remittances can and should be sent free of postage.

The small amount of money asked for, and the large amount of matter to be given, induces the publishers to hope the profession will aid in extending the circulation of this publication. This can readily be done by the physicians in a neighbourhood clubbing together and remitting for SIX COPIES, or forwarding Ten Dollars for TWO copies of the AMERICAN MEDICAL JOURNAL and THREE of the NEWS, which will be sent for that sum when remitted in advance, and in current funds.

The attention of *Medical Societies, Postmasters, News Agents*, and others, is directed to the dissemination of this work. The first number will be sent to any persons as a specimen, who will, free of expense, furnish their names.

Orders should be addressed to the publishers or any of the agents for the American Medical Journal. See Prospectus of THE AMERICAN JOURNAL OF MEDICAL SCIENCES on the last page of this number.

## CLINICS.

PHILADELPHIA HOSPITAL,  
BLOCKLEY.

*Clinical Lecture on the Diagnosis between Functional and Organic Diseases of the Heart, founded chiefly on the general symptoms.* By W. W. GERHARD, M. D., Lecturer on Clinical Medicine in the University of Pennsylvania, and one of the Physicians to the Philadelphia Hospital, Blockley.

RICHARD STEPHENSON, aged 23, black, stout and muscular, was first taken sick on Thursday, Nov. 22d, with rheumatic pains, apparently unattended with fever, and not obliging him to quit his work.

Nov. 28th, entered the wards of the hospital; cups No. vi. applied over heart.

Nov. 29th. Complains of pains in his chest; those in the limbs nearly ceased; pulse 90, fuller than natural, no heat of skin, respiration little if at all accelerated, tongue has a white coat, bowels regular; the pains in the chest referred chiefly to the cardiac region, the "stitch" of left side near the nipple preventing him from taking a full inspiration. Percussion on this day and on the following is flat from the second rib to the base of the chest; and from near the right side of sternum to half an inch beyond the left nipple, this space also slightly protuberant, no respiration heard within it, sounds of heart distinct, and in other respects not altered. Venesect. f.  $\frac{3}{4}$ xv.

Nov. 30. The blood drawn presented a firm coagulum, and only moderately buffed; ordered ten drops of digitalis three times a day, and one drachm of nitre in solution during the day.

On the 1st and 2d Dec. the pain almost disappeared; patient feels strong, and left his bed without permission. The cups repeated, and the other treatment continued.

On the 3d, the dulness of percussion much less, pulse regular, tolerably full, and nearly as before in frequency.

On the 4th, pulse 92, without other change; respiration 26, very equable, tongue coated in the centre, diminution in dulness of percussion; cups No. vi. applied to the side; other treatment continued.

On the 5th, pulse 100, and soft; respiration 34; pain felt in neck and shoulders; impulsion of heart much increased; second

sound almost absent; slight creaking sound heard at the base of the heart, and at times near the apex; bellows sound in the systole; treatment continued.

Dec. 6th. Pulse 98; respiration 26; impulsion of heart still very great; other sounds as before, with less friction sound; venesection.

Dec. 7th and 8th. Feels better; no uncomfortable sensations; pulse 96; respiration 26.

Dec. 9th. Pulse 120, regular, and of good volume; less flatness in pericardial region, which is clear half an inch lower than before, not dull beyond the nipple; no creaking; continue treatment.

Dec. 10th and 11th. Pulse 96; respiration 36 and 24; second sound of heart heard more distinctly; less bellows sound; complains of no pain except a rheumatic feeling in the arm.

Dec. 12th. Complains of giddiness, apparently from the digitalis; pulse 88; impulsion of heart still stronger than natural; extent of dulness as at last day: sounds of heart less loud; the first still roughened and the second more clear; discontinue tincture digitalis; take half a grain of the powder with half a grain of calomel three times a day.

Dec. 13th. No giddiness; pulse 80, nearly natural; slept well, and continues to improve.

Dec. 14th. Feels so well, that without permission walked down to lecture room, descending a long flight of stairs besides walking 200 feet.

This was from the first a very pure case of pericarditis, and attended as such cases often are with so little uneasiness, that the patient did not at first give up his laborious employment of boatman.

Throughout the whole course of the disease the rational signs were limited to the pain, which soon subsided; and as there was so little disturbance of the general functions of the patient and so little inflammation of the endocardium, the treatment was less active than it otherwise would have been, and was limited to the general and local bleeding, with the moderate use of digitalis. As soon as the disease seemed to show a tendency to become protracted, calomel was added with the intention of increasing it if necessary to produce moderate ptialism.

It is to be noticed that the patient in a few days felt so well, that it was impossible



to confine him to bed except by removing his clothes beyond his reach. Examples of this kind constitute the majority of cases of simple pericarditis, many of them remaining latent except with the assistance of physical exploration. Mild as they seem to be during their course, they require constant attention until the recovery of the patient is complete, and the action of his heart restored as nearly as possible to the natural standard. The quantity of blood drawn would have been much greater, had the uneasiness of the patient been considerable; but in cases like these, in which the general symptoms are so moderate, it is generally advisable to resort to venesection as an adjuvant to repeated cupping, followed by blisters, towards the close of the disease, and the continued administration of digitalis and mercurials. The expectant practice would not of course have been justifiable, but it is very probable if the patient had been left entirely to himself, he would have recovered from the immediate effects of the disease, though perhaps might have suffered from its after-consequences in the form of some affection of the heart. An interesting case, very similar to that now under consideration, both as regards the symptoms and treatment, was described in the Medical Examiner for the year 1838. The individual is still employed in some of the working wards, and is in the enjoyment of perfect health, with no symptom of cardiac disease.

The organic diseases of the heart which we have lately had an opportunity of studying, both chronic alterations of structure, and acute inflammatory affections of the internal and external membranes from which they so frequently arise, are, as you well know, readily enough recognised by the physical signs combined with the general symptoms. When these are associated, they give to cardiac affections about as much precision as to any other class of disorders. But, as those who are most conversant with heart affections are necessarily familiar with the physical signs and in the habit of practising this method of exploration, they are tempted to lay the most stress upon them, so that practitioners, who have less opportunities of observing large groups of these diseases, sometimes complain that their means of diagnosis are not enhanced in proportion to the investigations which have been lately made upon so large a scale.

It might be urged that every one is bound to make himself acquainted with all the methods of improved diagnosis—this is no doubt true—but we know that in reality few do so. Many practitioners are very imperfectly acquainted with physical exploration, and the large majority know it only to such an extent as will serve them as an important aid to the general symptoms, yet in a subordinate capacity, as the assistant, not as the principal.

I think it therefore important to you, especially to those of you who are obliged from the necessity of the case to rely mainly upon the general symptoms, with which you are most familiar, to learn that method of diagnosis which is based principally upon them, using the physical signs to confirm or modify your opinions. Such of you as are able to acquire a more thorough knowledge will, of course, resort to either of these methods of investigation according to the importance they may respectively bear.

The following rules will serve you as a guide in your researches:

1. In diseases of the heart proper, the individual can generally date the commencement of his disease from some definite period when he is taken with pain or uneasiness of the heart. This is generally accompanied with rheumatic fever suddenly coming on, and of a severe form, or it begins in connection with acute inflammation of the lungs or pleura. Either of these disorders must be severe enough to attract the notice of the patient unless his sensibilities be exceedingly obtuse, and will enable him to give a precise date to the affection. You will thus readily enough believe that Stephenson whom you have lately seen labouring under pericarditis will scarcely forget the prominent symptoms of his illness. This is not however always the case. In many instances the pain and dyspnoea are less considerable, and you will have more trouble in fixing the date of the commencement of the symptoms. In other cases, especially of dilatation of the heart, the patient refers his first uneasiness to a sudden strain, as a violent muscular effort, in lifting a heavy body. In a fourth class of patients, of full and plethoric habit, the disease is developed more slowly, but it comes on with a gradually increasing sensation of fulness, or as they often express it, a stuffing in the breast, lasting sometimes for several years, before any severe symptoms



occur. This class of patients become much more indisposed should they suffer from rheumatism, even of a sub-acute kind.

These modes do not include all those in which organic diseases of the heart commence. Sometimes you cannot trace them at all; they begin slowly and gradually, but increase sensibly and with some degree of irregularity; and it requires a practised observer to say at what period the heart first becomes really altered in structure. My object is to lay down only the principal modes of origin, for too great minuteness of detail would probably only lead you into error. It requires a nicety of diagnosis which must be acquired by your after-experience.

2. When you are called to a patient labouring under chronic organic disease of the heart, he usually complains of the following symptoms:—The sensation of fulness or stricture across the chest, especially on sudden exercise or violent emotion. The same result follows after a meal of indigestible food. Palpitation is usually complained of, but you will generally find that the patient uses the term throbbing or beating instead of palpitation, which is more commonly applied to that sharper and jerking movement occurring in functional disorders. Very frequently he has slight cough, almost always dry, and often attended with wheezing; in other words, dependent upon dry catarrh, that is a congestion of the bronchial tubes, which is similar to that occurring in other mucous membranes. The face of the patient in the earlier stage of the disease is generally full and florid, sometimes even of almost a purple tint, and he often complains of headach or vertigo, which in many individuals is relieved by occasional epistaxis. Disorders of the digestive system are in the earlier stages slight, irregular, and often absent. They are most frequent after a full meal of substances which are stimulating and of slow digestion. There is little positive pain except in some cases of acute inflammation or functional disorder which may happen to be engrafted upon it. If the disease be more advanced, there is usually some very obvious symptom in addition to those already mentioned, such as anasarca, especially of the face, and in some cases complicated with effusion into the serous cavities, blueness of the face and extremities, and if the right side of the heart be much affected, turgescence and even pulsation of the veins of the neck, together with intense throbbing, and very

often a thrilling or churning movement easily felt by placing the hand on the heart. Exercise becomes gradually difficult, especially if it be violent, and at last is out of the question when anasarca supervenes. You must remember, in laying great stress on the dropsy as a symptom, that anasarca may also arise from other causes, especially diseased kidneys. But in these cases the complexion is very different, and the characteristic changes in the urine are generally so well marked that you have little difficulty in discriminating them, excepting when the two affections are combined. You can then make only an approximative diagnosis without the physical signs, which can alone teach you the relative influence of the two diseases.

In *functional* diseases of the heart the mode of origin is very different. They usually follow some morbid condition of the nervous system, such as spinal irritation or some affection allied to hysteria, or at least occur in a person of nervous temperament. This may occur in individuals of considerable embonpoint, or even muscular development, but then you will find in their manner or in their conversation some evidences of an extreme susceptibility of character or temper, such as a restless apprehensive disposition, &c. Nervous disorders will also follow anemia, whether occurring as a consequence of malarious fevers, or from other causes. Thus these affections are extremely frequent wherever intermittent diseases prevail. Certain articles of luxury, such as the excessive use of tobacco, or of tea or coffee, the term excess being here altogether relative, will occasion a functional disease of the heart. Venereal indulgence, above all of an unnatural kind, is a very powerful and often unsuspected cause of this affection in both sexes. We may add to this list, disorders of the stomach, especially those varieties of dyspepsia attended with flatulence. In such cases, the attention of the patient is diverted to the more troublesome symptoms connected with the heart. Most of these causes are those you see which diminish power; they stimulate irregularly, but do not permanently produce an excess of nutrition, or even congestion, of the vascular system, the very reverse of what obtains in organic affections. The list of causes of functional as well as of organic disease might be much extended, but the same want of distinctness which would attend an over-refinement in this respect obliges me to leave

their further study to your enlarged observation as the cases present themselves during this course.

The symptoms of functional disease generally differ not a little from those of organic. The patient usually complains of palpitation instead of oppression and dyspnoea; he is excited by mental disturbances or by sudden bodily efforts much more than by continued physical exertion. Palpitations are often accompanied with irregularity of action of heart, which also sometimes appears without them when the patient is quiet in bed, so that his sleep is often disturbed. Pain is also a frequent symptom, and in most cases limited to the heart itself, or to a small point near the apex of the organ, shooting at times to the spine or following nearly the course of the intercostal nerves. These symptoms are sometimes connected with difficulty of breathing, but there is then less flushing of the face, less congestion of the capillary circulation. If the face become flushed, the colour is brighter, and disappears more quickly. The distinction between palpitation and the throbbing of organic disease becomes the more obvious if the hand be laid upon the præcordial region; however quick the impulse may be, the momentum is only moderate. The symptoms are almost always exaggerated by the patient; his attention is absorbed by them in a much greater degree than by the graver disturbance of organic disease, his nervous system being in a highly excitable state, rendering his sensibilities much more acute; and should the disease be somewhat protracted, you will find no class of patients more troublesome or really greater sufferers.

You perceive, therefore, that the general grouping of the symptoms is different in the two forms of disease, and that their nature, although somewhat similar, is not precisely identical. There is a much graver and deeper impediment to the respiration and circulation in the organic disease, and generally more uneasiness to the patient in the functional. You should also attend to the different modes of origin and to the predominance of the nervous temperament in one class of patients, and of the sanguine in the other; and the greater proportion of functional cases will be found among persons of a feeble frame of body than of organic disorders, which, in their earlier stages at least, commonly attack the vigorous and robust. You should not, how-

ever, lay too much stress upon differences of constitution, as it is a test of secondary importance, and not a safe guide. The physician frequently errs in his diagnosis, from regarding, like the patient, the uneasiness as a sufficient test of the danger of the symptoms. The negative information which the patient will obtain from your assurance that he is not labouring under positive heart disease, will then be a great step gained towards the cure; and even when you are convinced that there is an organic affection, although not authorized to deceive the patient, you should take care not to give him a false impression by a general statement that he is labouring under heart disease. These words are associated in his mind exclusively with the gravest forms, and you must so explain your meaning that he should not himself get an impression which you do not mean to convey. Neither if you are in doubt should you express a confident opinion; always give the most favourable impression which you can conscientiously entertain. By the patient I do not in all cases mean the individual himself, but some of his near relatives who are entitled to know the truth, leaving the question open for you to decide whether the patient himself is or is not the proper confidant.

There is another class of cases, however, which will demand more attention. They are those in which the organic and functional affections of the heart are combined, one occurring subsequently to the other. The order of sequence may vary, but as the organic disease is more permanent you will see more cases in which the patient has suffered for some time with the former affection before the latter is developed, which it usually is from anemia, hysteria, or some cause of functional disease. The sufferings of the patient are then much increased, but above all he is much more disposed to complain of his sensations, and unless closely questioned he will sometimes date the origin of the affection from the recent aggravation. You will then be obliged to analyze the symptoms, and the same tests which I have already given you will generally serve to settle the order of succession as well as their relative importance. In such cases you can greatly relieve the patient by removing the occasional and temporary symptoms, even if you do not materially modify the chronic disease, and it is the more urgent to do this as promptly as possible, because there is no



doubt that protracted functional disorder has no little influence in aggravating the previous affection.

In another class of cases the functional disturbance first occurs. These are generally explained by the usual comparison of the heart to the other muscles which increase in size after long continued exercise. This does not, however, explain the connection, for many cases of functional disease continue a long time without the slightest organic alteration, and others which are less violent soon pass into it. We can only explain the difficulty by supposing that there are two distinct elements. If the disorder remain purely nervous, there is little or no increase of nutrition, the mere increased activity of the organ not sufficing in most cases to counterbalance the depressing circumstances which usually accompany functional disease and interfere more or less with nutrition. But should the functional disease occur in an individual in whom inflammation or other cause of organic lesion should afterwards be developed, or even in one in whom digestion continues unimpaired, hypertrophy and sometimes dilatation will follow. The valves, however, remain unimpaired, except from inflammation or the ossification of advanced life.

### WILLS HOSPITAL.

#### SERVICE OF DR. HAYS.

Admissions during the month of November, 1842,	-	-	-	-	7
Discharges,	-	-	-	-	9
Operations for artificial pupil,	-	-	-	-	2
cataract,	-	-	-	-	2
staphyloma,	-	-	-	-	1
Remaining in the Hospital on the 1st December, 27.					

GEO. N. BURWELL,  
Resident Physician.

### MASSACHUSETTS GENERAL HOSPITAL.

*Report of Operations performed in this Hospital, Nov. 19th.—Amputation above the Knee, by Dr. HAYWARD.*—Twelve years ago patient fell from a tree and injured left

knee. Knee-joint became enlarged and painful, and inflammation and caries followed. Leg is now permanently flexed upon thigh; has several fistulous openings into joint, through which the carious head of the tibia can be distinctly felt. General health good, but has occasionally swelling and pain in joint.

Patient having taken R. tinct. opii, gtt. i., an hour before, was placed upon the table, and the circular operation performed at the middle of the thigh. The hemorrhage was inconsiderable, the femoral and profunda arteries were secured by ligatures, the edges of wound brought together by interrupted sutures, and the cold-water dressings applied.

Wound had a healthy appearance, and patient continued to do well until November 24, at 9 P. M., when a small stream of blood was seen to issue from the stump, and on inquiry patient reported that he had suffered more pain than usual in the stump during the afternoon. Cold applications were made. The bleeding ceased readily, and did not return until the next day at 3 A. M., when it broke out through the lips of the wound, and flowed with considerable freedom; the sutures were removed and the stump opened by the house-surgeon, but owing to the coagula of blood the mouth of the vessel could not be discovered; a tourniquet was then placed around the limb, which controlled the hemorrhage effectually. At 10 A. M., the patient was removed to the operating-room, the stump cleansed of the coagula, and the tourniquet taken off. No hemorrhage, however, followed; and, on examination, the ligatures around the femoral and profunda arteries were found to be secure, the former pulsating strongly down as far as the ligature. A slight oozing having been observed at the lower part of the stump, the wound was carefully sponged at that point, and the blood found to flow from the mouth of a small muscular artery, which was immediately taken up and secured. The wound was then kept open for some moments, and a glass of wine administered to the patient; but, as no more bleeding occurred, the lips of wound were again brought together and patient removed to his bed.

Since then no further hemorrhage has taken place; wound appears to be doing extremely well, and the progress of recovery will not probably be retarded more than a week by this very unusual occurrence.



*December 3d.—Amputation of a Penis,* by Dr. HOWARD.—Five years ago patient ruptured the frænum; two years after, perceived a small tumour of the size of a pea by the side of frænum. This continued to increase slowly until about one year ago, when it ulcerated; since when has been chiefly treated by caustics and stimulating applications, which seem to have aggravated the disorder. Now ulceration extends nearly around penis; prepuce entirely gone, with about half of the corona glandis; ulcer dark and sloughy in some parts, with ragged and hardened edges; a firm, hard band around penis at upper part of ulcer. Has at times much pain, particularly at night. General health not very good. Has never had syphilis.

Amputation was performed in the usual manner, a piece of tape having been tied firmly round the penis near the pubes to prevent retraction, and the integuments being well drawn down. Five arteries were secured by ligature—two on the dorsum, one each side of the septum, and a small one in the corpus spongiosum. Some scraped lint was then placed on the stump, and cold-water dressing applied.—*Boston Med. and Surg. Jour.*

## MEDICAL EDUCATION AND INSTITUTIONS.

### *An account of the Pennsylvania Hospital and its means of Clinical Instruction.*

The Pennsylvania Hospital was founded by a number of the benevolent citizens of Philadelphia, and received its charter in 1751. The hospital building, which has a front of 281 feet, is three stories high, and is surrounded by spacious gardens, the square of ground on which it stands containing four and a quarter acres. The design of the charity is general, its charter providing for the relief of such poor as are afflicted with curable diseases, *not infectious*, lunatics, and for a lying-in ward for poor married women. Being intended solely for the cure of disease, and not as a permanent asylum for poverty or decrepitude, all patients are discharged who, after a reasonable time of trial, are deemed incurable by the medical attendants. Twelve managers are elected annually by the contributors to govern the

institution, and twenty-seven dollars is the sum required to entitle one to the privileges of contributorship.

The medical and surgical departments are respectively under the charge of three physicians and three surgeons, and the lying-in department of two physicians, all of whom are annually elected by the managers.

Two graduates of medicine reside in the hospital, and take charge alternately of the medical, surgical, and obstetrical departments, under the direction of the visiting physicians and surgeons; one resident being elected annually to serve two years.

The services of all the abovementioned gentlemen are gratuitous, the student's fees which were the perquisites of the visiting physicians having been devoted by them to the endowment of a medical library, which at present contains upwards of eight thousand volumes, comprising a large proportion of the most valuable ancient and modern works on the science of medicine, the privilege of using which is granted, under the regulations common in similar institutions, to those students who attend the hospital practice. A right to the use of the library during life may also be acquired by the payment of twenty-five dollars; besides which permission may be obtained from the managers by scientific men for its use for limited periods, or on special occasions.

After the accommodation of as many poor patients as the funds of the institution will justify, the managers have authority to receive pay patients, the profit derived from them being added to the fund for the maintenance of the poor. The rates charged are various, being from three dollars a week upwards, according to the circumstances and accommodations of the patient.

Twenty-six private rooms, each about ten feet square, besides several larger apartments, situated in a separate wing of the building, are appropriated to pay-patients, and where the individual is willing to incur the extra expense, good special attendants may be had. Pay-patients may be attended exclusively by any one of the professional gentlemen they may prefer; but in such cases, or where the patient is affluent, the physician is to be remunerated as though attended elsewhere. The diet furnished to the inmates of the hospital is plain, though of the best quality; and in necessary cases, delicacies and wines are freely served, on their prescription by the medical attendants.

For the means of clinical instruction no institution in the country surpasses the Pennsylvania Hospital, and none has more largely contributed than it has done to the diffusion of sound professional experience. Up to the period of its foundation, no college of medicine existed in this country, and the hospital under the care of some of the first medical men of the period, soon attracted a number of students by the lectures, the first delivered in the country, of her physicians. Among these may be mentioned the names of Bond, Shippen, and Morgan; and in later times, Rush, Wistar, Physick, Dorsey, and Parrish, were among those who energetically continued the plan of teaching introduced by them. Practical remarks at the bed-side, on the diagnosis, prognosis, and treatment of the disease, is the plan of clinical instruction pursued, all theoretical questions and learned disquisitions being reserved for their proper sphere, the lecture room. Bound to no clique, and wisely keeping aloof from connection with medical schools, all students at the hospital, from whatever quarter they may come, possess equal advantages. Her managers have never been backward in giving opportunity for medical instruction, but have invariably countenanced and aided it when conducted in a proper spirit, and without injury to the feelings and frames of the numerous dependents on their bounty.

The following table shows the number of cases admitted in the ten years, from 1830 to 1839 inclusive. The diseases are omitted from want of room, though as the choice is made from a large number of individuals applying for admission, it will be perceived that the wards must contain the most urgent and interesting cases.

Official year ending in	Poor.	Pay.	Total.
1830,	782	561	1343
1831,	724	622	1346
1832,	700	673	1373
1833,	699	592	1291
1834,	702	512	1214
1835,	760	464	1224
1836,	748	495	1243
1837,	695	483	1178
1838,	759	487	1246
1839,	740	428	1168

The number of surgical cases exceeds that of the medical, though very ample means are afforded in both for the study of acute as well as chronic diseases. From the

exclusion of chronic incurable diseases, except where the board of the patient is paid, the medical wards present a large proportional number of acute affections. These too are not confined to such as prevail in the city and its immediate vicinity; for owing to the number of sailors, especially those employed in the coasting trade during the fall of the year, an opportunity is afforded of witnessing the fevers, more particularly the various forms of remittent, which prevail along the different sections of our southern coast. Individuals of very intemperate and dissolute habits are in great measure excluded, and for this reason, the character of disease met with in the wards, and consequently the requisite treatment, are much the same as in respectable private practice.

During the year 1840 there were admitted into the men's medical ward, including a small ward for negroes, 251 patients. Of these 81 laboured under intermittent, remittent, typhoid and typhus fevers; 31 under rheumatism; 24 under pleurisy and pneumonia; 18 under diarrhoea and dysentery; the remainder being made up of various acute and chronic affections, such as bronchitis, phthisis, &c. In the official year, ending April 1842, there were admitted into the medical wards, both male and female, 350 patients. The clinical visits are made on Wednesday and Saturday mornings. The hospital building contains a circular theatre, in which all the operations of importance are performed in the presence of the medical class. In this apartment three hundred persons may be seated, and adjoining it are rooms for the reception of the patients operated upon. Operations are frequent, though this branch of study is never pressed upon the attention of the student to the exclusion of medical surgery, or of the more important every day accidents met with by the practitioner. A very great proportion of the accidents received by the labouring classes of the city and liberties are treated in the institution, serious injuries being received without the form of a certificate when brought to the gate within twenty-four hours after their occurrence. The numerous railroads centering in Philadelphia are another means of conducting these accidents to it, even when occurring at considerable distances from the city. The hospital also affords excellent opportunities of witnessing syphilitic diseases.

Of the poor patients received in 1841,

227 were persons who had sustained accidental injury, and some idea of the number of these injuries annually admitted, may be derived from the following table of a single class of them, viz.—injuries to the bones. The fractures and dislocations treated during a term of ten years were as follows:—

Years.	Fractures.	Dislocations.
1830,	82	3
1831,	99	10
1832,	71	7
1833,	94	6
1834,	103	11
1835,	119	13
1836,	96	13
1837,	95	9
1838,	103	10
1839,	97	12
Total,	959	94

The number of cases of stone in the bladder admitted and operated upon during the last eleven years, is thirty-six; and the number of amputations performed in a period of ten years will be seen by the following table, thus affording to the student a fair means of judging of the opportunities which the hospital offers for witnessing capital operations.

Years.	No. of Amputations.
1830,	4
1831,	7
1832,	7
1833,	7
1834,	8
1835,	7
1836,	8
1837,	7
1838,	10
1839,	14

#### MEDICAL OFFICERS OF THE INSTITUTION.

##### *Physicians.*

George B. Wood, M. D.  
Thomas Stewardson, M. D.  
William Pepper, M. D.

##### *Surgeons.*

Jacob Randolph, M. D.  
George W. Norris, M. D.  
Edward Peace, M. D.

##### *Physicians to the Lying-in Department.*

Hugh L. Hodge, M. D.  
Charles D. Meigs, M. D.

##### *Resident Physicians.*

Edward Hartshorne, M. D.  
Samuel L. Hollingsworth, M. D.

##### *Free Trade in Education and Quackery.*

—The Lancet has some observations upon quackery, which appear to us to be just. But we confess that we do not go the whole way with our contemporary in his free-trade views, nor do we think that science is quite in the same category with hardwares or provisions. The ordinary principles which regulate commerce and barter are either inapplicable to the arts, or demand a considerable modification when they are applied to them.

The Lancet is a free-trader in one direction, but no free-trader in another. In the acquisition of knowledge, it is a free-trader—in its application, a sort of monopolist. It says—"What signifies it where a man gets his knowledge, so that he has his knowledge? but having got that knowledge, and his *degree*, he must be protected."

In accordance with its first position, the Lancet denounces certificates and all that sort of thing. As a corollary of its second, it wars upon quacks.

We are not quite sure that free-trade views are so applicable to *education* as the Lancet supposes.

In the first place, it is by no means very easy to determine, by an examination, what a man does know of a practical art like medicine. He may be at home at question-and-answer work, and, at an examination table, may cut a better figure than one who has really seen more and can do more at the bed-side. Everybody knows the perfection to which the grinding system has been brought, but there are few, we presume, who argue that gentlemen who acquire their whole professional knowledge in that way, are the best qualified for practice. Any additional guarantee, then, for a really sound education, cannot be undesirable. Such a guarantee can only be found in a properly prescribed course of study, the recognition of duly constituted schools.

But this is not the only point of view from which to regard this question. A medical school requires a considerable outlay of capital. To build and keep up dissecting-rooms, stock and maintain a museum, and supply pupils with those conveniences and comforts



which are requisite not only for their physical but for their moral health, and last, not least, to induce men of talent and experience to devote their time to teaching, there must be something like a profitable return. It is not to be supposed that men will long work for a barren reputation, or, at all events, that having got what is to be got in that way, they will continue to labour at a loss. The lecturers on the practical parts of medicine ought to be men *in practice*. Are *they* likely to submit to the fag and worry of lecturing without pecuniary remuneration? We apprehend not. Now the free-trade principle applied to schools tends to their indefinite multiplication, nay, to their deterioration. Pupils are practical free-traders too, and they are prone to go where they are *promised* most for the least money. *Grinders* have great charms in their eyes, and, were it left to their own option, to grinders, the bulk of them would hie, and with grinders they would be content. Will any man at all acquainted with medicine contend that this would be a healthy state of things? Will any one maintain that the object of legislation should be to encourage this? We fancy not. Yet undoubtedly the effect of throwing open the school market would be to multiply schools and *grinders*, and in the same ratio to discourage the application of capital, whether monetary or intellectual, on a large scale to teaching.

The celebrated schools upon the Continent which the *Lancet* so often triumphantly refers to, are not constructed on the free-trade principle. They are found in universities or hospitals, supported by those restrictions and monopolies so odious at home. Nay, it is by virtue of these very monopolies that we get in the German universities a class of teachers comprehending such men as Blumenbach, Meckel, Müller, &c., that cannot be reared in the rough atmosphere of our more *liberal* institutions. Should liberalism take them for its own altogether, hardy plants of the *grinder* sort, would soon be the only ones to flourish.

The majority of the profession, the great mass of general practitioners, are more directly interested in this matter than they may imagine. They are confessedly struggling with difficulties, badly paid, and insufficiently employed. Ask any medical man what he thinks the real evil—ten to one he replies—"the profession is overstocked." It is almost ludicrous to see in

any populous neighbourhood the blue bottles, coloured lamps, and other *affiches* of the faculty. If a new street is built, the first tenant is sure to be a baker, and the next a doctor. Indeed, the latter is often seen, with a courage worthy of a better cause, to emigrate to regions as yet untenanted, and form a sort of pioneer of civilization, to streets and crescents still unborn. The uneasiness and pressure in our ranks is too palpable to be denied. Is such a state of things to be met by measures which would tend to crowd the profession still more? Is a fresh premium, or additional facilities to be offered to men to join us? If the expense of a medical education is at present insufficient to keep down our numbers to a standard consistent with the comforts of the mass, is that education to be made less expensive still? Yet it is of the *expense* of medical education that the *Lancet* continually complains—the *expense* is what it would diminish. Suppose the economical views of the *Lancet* acted on. Additional numbers of a lower class, with a lower standard of comfort and respectability, would soon crowd in upon us. Competition would, of course, increase—with that competition the present rate of profits, small as it is, could not be kept up—necessity would drive men to shabby and dishonourable acts—and the result must be to steep the profession in poverty, cover it with discredit, and debase its position in society. The class on which this would principally tell, would be the general practitioner. The aristocracy would always command, and always repay the services of a few physicians and surgeons whose remuneration and place in public estimation would contrast the more strongly with the degradation to which the bulk of the profession would be sunk. In short, we cannot conceive a more injurious or more lamentable state of things than throwing down the barriers which now prevent a rush into our ranks, would give rise to.

One word more, and we have done. The uninitiated might suppose from the denunciations of the *Lancet*, that the lecturers, as a class, were fat monopolists, gorged with fees, and accumulating fortunes. To those who know the facts, this is positively laughable. Such are the expenses, that some get nothing, many get next to nothing, most get very little, and very few receive what can be considered an ample recompense. As for the *bulk* of the lecturers, one has only to

look at them to laugh at the idea of *their* being rich. Lean, hungry looking chaps, with high cheek-bones, white complexions, and somewhat rusty coats, they contrast strongly with Mr. Wakley himself, whose coronership, if we may judge from his jolly face, ample waistband, and whole turn out, is worth all the lectureships in London put together.—*Med. Chirurg. Rev.*

### ILLUSTRATIONS AND SKETCHES OF MEDICAL QUACKERY.

"If physic be a trade," it is observed, (the speculation is put hypothetically,) "it is *the* trade of all others, the most exactly cut out for a rogue." There is the absence of all restraint; and the only security for the doctor's ability and fair dealing, is often what is wafted to the public in the gossip-tale of some retainer in his interest.

A transaction which a person had with his watchmaker affords an apt illustration of the principles of charlatanism. His watch having stopped, he took it to a mechanic in order to ascertain the nature of the defect, and to have it rectified. The watchmaker armed his eyes with a microscope, and, after exhausting his customer's patience, for a considerable time, being, as he thought, very sapiently occupied in examining the machinery to discover the disorder, observed that he could do no good to the watch without taking it all to pieces. It was carried to another, who, a good deal to the surprise of the owner, discovered, and honestly told him, that he *had only forgotten to wind it up!*

It is almost miraculous what a little learning can effect in setting off the attractions of that art (quackery,) which *Madame de Sevigné* so comprehensively defines in one sentence, as an affair of "*pompeux galamatis, specieux babil, des mots pour des raisons, et des promesses pour des effets.*"

The late Dr. Parr, of Exeter, defined the word, quack, to be applicable to every practitioner, who, by pompous pretences, mean insinuations, and indirect promises, endeavours to obtain that confidence, to which neither education, merit, nor experience entitle him.

There has always existed, in the human mind, an innate love of the mysterious; and

mankind have, ever since the creation of the world, delighted in deception, thinking with the poet, that,

"Where ignorance is bliss, 'tis folly to be wise."

A visit to a quack produces a pleasurable excitement. There is something piquant in the disdain for prudence with which we deliver ourselves up to that illegitimate sportsman of human lives, who kills us without a qualification. There is a delicious titillation in a large demand upon our credulity; we like to expect miracles in our own proper person, and we go to the illiterate practitioner of medicine, for the same reasons which induced our poor ancestors to go to wizards.

How true it is that—

"First man creates, and then he fears the elf;  
Thus others cheat him not, but *he himself*;  
He loathes the substance, and he loves the show;  
You'll ne'er convince a fool, himself is so;  
He hates realities, and hugs the cheat.  
And still the only pleasure's the deceit."

[*Physic and Physicians.*]

*The latest Humbug.*—In the *Lancet* for the 29th of October last, Dr. A. TURNBULL announces his discovery of four new remedies—viz: the chlorocyanic acid, the sulphuretted chyzic acid, the chloruret of iodine, and the bisulphuret of carbon—for the cure of diseases of the eye.

This is the same Dr. Turnbull who a few years ago put forth a volume to proclaim his marvellous cures of amaurosis, cataract and opacities of the cornea, by the application of Veratria,\* Delphinula and Aconitine; and whose instantaneous and miraculous cures of these same diseases by the application of the vapour of hydrocyanic or prussic acid, attested by that competent *medical witness*, the *London Literary Gazette*, and widely made known by those *useful and authentic* vehicles of medical intelligence—the *newspapers*—have very recently caused an excitement, equal to the brandy and salt excitement which existed a few years since, among the lady bountifuls and those worthy persons who by a freak of fashion—which we have never yet heard philosophically accounted for—walk about in coats instead of petticoats.

\* By the bye, this is the so called *expensive* article, it is said, which is employed by a flourishing *oculist* in a neighbouring city, and which if not efficacious in rendering his patient's eyes sensible to the light, is at least so in making sensibly lighter their purses.



*Squinting.*—M. VELPEAU, in his recent work on Strabismus, gives the following account of the itinerant operators for squinting, of France:—

“When we see the eagerness with which itinerant operators trumpet their success, one at Versailles, another at Luneville, Boulogne, Arras, Marseilles, Nancy, and in fact at every town in France,—when we see the ardour with which these gentlemen advertise themselves in the Parisian and provincial newspapers, and announce their ‘*guérisons immanquables*,’ with all the tricks of quackery, is it possible, (I appeal to themselves,) to receive with confidence the statements of such men. Forced to examine for myself their *facts*, and to discover what they meant by *cures*, I can affirm, that at Paris, I have seen the individuals operated upon by them, squint outwards after having squinted inwards, continue to squint after two operations, afflicted with protrusion of the eye, ectropion, large denudations of the eye, and all the bad consequences which have happened in the hands of ordinary surgeons. I will add, that these accidents have most frequently come under my observation among the patients of those who have most puffed themselves, particularly among the patients of those who have advertised in the newspapers. It is a misfortune to see the dignity of the medical profession thus compromised; and unquestionably this conduct has been the cause of notable discredit to the operation itself. After having enjoyed an unexampled popularity, it has become in Paris, as elsewhere, the subject of serious doubts. The public having been accustomed to see daily in the newspapers, that the operation for the cure of squinting was easy, exempt from every source of inconvenience, and uniformly successful, at last believed all this to be true, and hurried in crowds to put themselves at the mercy of the operators. Time has now cleared away in a great measure the delusions on this subject, and shown that many squints which have been cut, have not been cured, or that one deformity has only been exchanged for another. The public has thus, from an excess of trust, passed into a total distrust in the operation; and many who might have their squinting cured, are thus induced to be resigned to its continuance.”

This description is pretty accurate as applied to the same sort of gentry in this country. We have never seen a single case

operated on by one of these advertising cutters which was entirely successful. In one case which we have seen, instead of the internal squint which previously existed, there is a most disagreeable prominence of the eye, and somewhat of an external squint. Yet *this* is one of the cases of *cure* which has made most noise in the newspapers!

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*Homœopathic Fictions.* The very weighty reasons adduced by the advocates of the infinitesimal humbug in support of their doctrines are sufficiently amusing. This, however, is the practical application of their system, according to which the weaker the argument the more powerful it should be for conviction. Thus, as incontestible proofs of the soundness of their theory, statements are constantly put forth that some privy counsellor, or grand chamberlain, or grand duke's valet, or grand duchess's maid, or some equally elevated character and competent judge has become a convert; or that a chair of homœopathy has been created in some German principality, or the practice legalized by a formal ordinance, &c. &c.

One of the most recent announcements of this kind is the following which appeared in *L'Examineur Médical* of the 9th January last, and has been copied into other journals:—“By a decree of October 1841, the emperor of Austria has created a chair of homœopathy in the faculty of Vienna; named MM. Worm and Nerbar professors, and appropriated 100 beds in the St. Elizabeth Hospital for the homœopathic treatment of diseases, under the superintendence of Dr. Levy.”

This statement, like many others, appears to be a pure fiction. Dr. Sigmund, a very distinguished physician of Vienna, who was recently sent to France by his government to study the organization of the medical profession in that country, on seeing the above statement in *l'Examineur Médical*, addressed to the respectable editors of that journal a letter, the following extract from which they have published in their No. for 10th April:—

“In the 2d No. of *l'Examineur* for 1842, I find a statement which is entirely erroneous; it never has been proposed to create a chair of homœopathy in the faculty of Vienna; the government have neither enacted an order or decree to create a clinic of this kind.



The hospital mentioned, is one *closed* to students and strangers; a distinct foundation by the sisters of St. Elizabeth, and the physician of which is one of our brethren, Dr. Weninger, who has never practised homœopathy. MM. Worm, Nerbar, and Levy, are entirely unknown in Vienna."

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Pathological Society of Philadelphia.*—This society has been revived, and the following officers elected for the ensuing year:—*President*, NATHANIEL CHAPMAN, M.D.; *Vice Presidents*, JACOB RANDOLPH, M.D., S. G. MORTON, M.D., CHARLES D. MEIGS, M.D.; *Secretary*, THOMAS STEWARDSON, M.D.; *Treasurer*, GEO. W. NORRIS, M.D.; *Curator*, EDWARD HARTSHORNE, M.D.

*Philadelphia Medical Society.*—The following extract of a letter from one of the early members of this society contains some reminiscences which will be read with interest:—

"In looking over your Medical Intelligencer, a thought struck me that such a journal might be commenced, by giving a general view of the origin of the Medical Societies in Philadelphia, whose members are spread around this vast continent. The Philadelphia Medical Society, for example, a mere acorn once, which has grown into a huge oak, whose branches extend from the north to the south of this union, and whose motto might have been *Quantum Latet*, in allusion to its origin, instead of '*ex collisione scintilla*.' This society had, indeed, a very humble beginning; its junior members first held their meetings in Lyttle's School-house, a small frame building next to General Cadwallader's house, south Second below Spruce street; each junior member carried his candle with him, and friend Lyttle's ink-pots, in the desks, were the sockets for our candles: then and there were discussed, as we thought, *learnedly of course*, the merits of the Cullenian and Brunonian doctrines; and I have often thought that the bills of mortality in that day, in proportion to the population of Philadelphia, did not present so great a number as the present.

"The young students met under the auspices of Drs. Kuhn, Hutchinson, Rush, Shippen, Wistar, and Griffiths, and freely discussed medical subjects, without being denounced by this or that professor; we, indeed, adopted as a fundamental truth, *Medicina respublica est, non autem Monarchia, multo minus Tyrannus*.

"Having in my possession the first pamphlet, printed by the students of that day, containing the act of incorporation, which includes the original members, I find the names of,—\*George Munro, M. D., John Davis, Isaac Cathrall, \*Solomon Bush, \*Andrew Ross, M. D., James Stratton, \*James Hutchinson, M. D., Samuel Smoot, John Laws, M. B., Wm. Gardiner, M. B., Baynard Wilson, Theophilus Elmir, M. B., Isaac Auld, Joseph Hirst, James Vanmeter, Edward Rumsey, William Wardlaw, Jonathan Maris, Thomas R. Harris, M. B., Wm. R. Cozens, M. D., George Pfeiffer, M. D., James Woodhouse, M. D., Moses Shyttall, Charles Tilden, M. B., William Whiteman, Joseph P. Minnick, William Weston, of Jamaica, \*Wm. Currie, \*William Shippen, M. D., \*Adam Kuhn, M. D., \*Caspar Wistar, M. D., \*Thos. T. Tucker, M. D., James G. Brehon, William Wilson, S. Hosmer, \*Nathan Dorsey, \*Tucker Harris, M. D., \*David Ramsay, M. D., \*James Lynah, M. D., \*Isaac Chanlar, M. D., \*Alex. Barron, M. D., William Stokes, A. B., Henry Colesbury, M. D., Richard Dale, James Craig, James Carter, Robert G. Davidson, A. M., William Bays, A. M., John Watkins, James M'Farland, Thos. Fossit, Edward Cutbush, Adam Seybert, George Thomson, Samuel Brawn, William Leigh, Philip Mathews, Matthias E. Sawyer, Richard Bradford, Peter Horlbeck, Stephen De Hart, William Bache, A. B., Henry Haywood, Christopher Heydrick, George Teackle, Artemas Seagrave.—*Junior Members, admitted 1792-3*—W. J. Doble, Henry Rose, John Smith, Edward Fisher, Thomas Drysdale, John J. Lang, Samuel M'Culloh, A. M., Charles Caldwell, Charles S. Waugh, Ashton Alexander, Louis Marshall, Joseph Gray, James Brisban, Richard G. Harris, George Williamson, Wm. Wishart, Samuel Chilton, Burgess Ball, Charles Carter, and John Willis.

"And where are they? Not *one* of the honorary members, marked thus,\* are now living, and I know not how many of the juniors have descended to the silent tomb.

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In copying these names, numerous circumstances have been brought to my recollection, which occurred half a century ago, and if any be living, except the 52d on the list, I would say to them, what a pleasure it would be to hold converse with their manes!!

“VALE.

“Geneva, N. Y.”

*Westmoreland County Medical Society.*

—A Medical Society has been formed in Westmoreland County, Pennsylvania, and an address was delivered before it on the 22d of November last, by Dr. ALFRED T. KING, of Greensburg. The address has been published, and is highly creditable to the author. This movement on the part of the physicians of Westmoreland county is a very laudable one, and we trust it will be followed by those of every other county in the state.

The following extract of a letter from Dr. King to Dr. Duglison, and for which we are indebted to the latter gentleman, explains the objects of the association, and will be read with interest.

“Dear Sir,—After some little difficulty we have succeeded in organizing a medical society in Westmoreland county, and establishing it, we trust, upon a permanent basis. We had difficulties, however, of no ordinary kind; and one, which was not among the least, was to make a law for the admission of members. Another was the prejudice against which we had to contend, of an uninformed community. It was presumed that our only object was to increase our fees, and otherwise advance our own pecuniary interests. But the greatest difficulty, and severest blow which our embryo institution has experienced, was in the death of one of our most learned and efficient members, Dr. JAMES POSTLETHWAITE, Vice President of the association. In him, the medical profession of Western Pennsylvania lost one of its most polished scholars and brightest ornaments; and this community, one of its most beloved and illustrious members. Death, however, is the lot of all, and we must calmly submit to the power of ‘the king of terrors.’

“The good feeling which reigns among the members of our association, and the increasing interest which the more intelligent portion of the community appears to take in its objects, are much greater than our most sanguine anticipations. We have about

twenty members, and our stated meetings are quarterly, in Greensburg, at which addresses and essays are read by members appointed by the society. Betwixt each stated meeting public debates are proposed, to be held in some of the other towns in the county.

“The objects of this society are, first, the cultivation of friendship and good feeling among its members; secondly, the collection, diffusion, interchange, and general advancement of knowledge pertaining to medicine and surgery, together with the various branches of physical science, which are subservient to them. Thirdly, the promotion of the empire of general knowledge, by which we mean to include all the branches of the exact sciences and general literature; fourthly, the diffusion of professional knowledge, as far as practicable, among the community.

“Already a request has been made by some of the profession in one or two of the neighbouring counties, for a copy of our Constitution, in order to be prepared to organize a similar society among themselves. I sincerely hope they may become general through the state. All that appears to be necessary is to arouse the dormant energies of the members of the profession, make them sensible of the mental lethargy in which they have been reposing, and then, I doubt not, they will have sufficient incentive to engage in an enterprise so laudable, so desirable, and so loudly called for. The low standing of our profession in this part of the state—and I fear it is too much the case in other parts—has been a source of no ordinary and unfeigned regret to me; and I have been deeply impressed with the belief that much might be done to elevate its standard, by well organized and judiciously conducted medical societies, particularly where they are made general.”

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*Castleton Medical College.*—At the recent commencement there were eleven graduates, and three honorary degrees were conferred.

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*Philadelphia Medical Classes.*—We learn that the Medical Class in the *University of Pennsylvania* numbers about 360; in *Jefferson Medical College* about 220, and in *Medical Department of Pennsylvania College* about 104.

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*New York Medical Classes.*—It is said that the number of medical students in the

University of the state of New York is about 230, and in the College of Physicians and Surgeons about 120.

*Geneva Medical School.*—The number of students the present year is said to be 170.

*New York City Hospital.*—Dr. JOHN A. SWETT has been elected one of the physicians to this hospital, to fill the vacancy caused by the resignation of Dr. M'Donald. The appointment gives, we learn, very general satisfaction.

*Berkshire Medical Institution.*—The number of students, the past session, (August to November 1842,) was one hundred and one. At the close of the session the degree of M. D. was conferred on twenty-two.

#### FOREIGN INTELLIGENCE.

*Queen's Hospital, Birmingham.*—It is stated in an English paper that the Medical Officers of this Institution have liberally paid over the sum of £503, (about 2500 dollars,) fees from students, towards the support of the hospital. What other profession is so liberal in its charities as the medical?

*Pension to Mr. Owen.*—Mr. RICHARD OWEN, of the College of Surgeons, has received a "settlement" on the pension-list to the amount of £200 per annum.

*Adulteration of Milk with Cerebral Matter.*—There has been quite a stir of late among the inhabitants of Paris in consequence of a statement having made its appearance in many of the journals, that the *laitiers* of that milk-consuming metropolis were in the habit of *re-creaming* skimmed milk by mixing with it a certain portion of sheep or calves' brains made into a sort of thin paste or emulsion. The Academy, as in duty bound, had the subject elaborately discussed before them, and not a few learned memoirs have been read and written upon it. One of the best modes of detecting this clever cheat—we say *clever*, for it would seem that the adulterated milk, independently of its not being positively deleterious, is quite free from any unusual smell, taste, or appearance—is to examine the suspected fluid with the microscope; viewed under a

magnifying power of from 300 to 500 powers we may readily observe, blended with the ordinary globules of milk, pieces of tubes, or torn membrane or blood-vessel, very different from the amorphous greyish masses which milk is apt to exhibit after boiling.—*Gazette Medicale.*

*Solution of Urinary Concretions by means of Carbonated Alkaline Waters.*—Many interesting papers have been communicated to the French Academy during the last and present year, on the solvent powers of carbonated alkaline water, and particularly that of Vichy. MM. Prunelle, Longchamps, D'Arcet, and Petit, have related numerous instances of the efficacy of this alkaline water in producing solution of various kinds of urinary calculi, but have been opposed by MM. Pelouse, Leroy d'Etiolles, and others, on the theoretical ground, that the use of alkaline waters would produce a precipitation of the earthy salts naturally contained in the urine, and thus give rise to the formation of earthy calculi. M. Ch. Petit, in a recent paper, has satisfactorily proved the groundlessness of this objection, and shown, that during the time the individual is using this water, no earthy salts are secreted, but that the character of the urine is totally changed, so that no earthy salts could be precipitated in the bladder, and give rise to an increase of the existing calculus. He also satisfactorily proves, that, even though earthy matters were precipitated by the alkaline waters in the bladders, they would be passed off along with the urine, as the mucus of the bladder is itself dissolved by the alkaline waters, so that no substance is left in the bladder to bind together the earthy particles.—*Edinburgh Med. and Surg. Jour.*

#### TO READERS AND CORRESPONDENTS.

The reader will perceive that eight pages of Dr. Watson's Lectures on the Practice of Medicine intervene between pages 12 and 13 of the Medical News. If the pages be cut, however, in the usual way, the eight pages of the lectures may be lifted out, and the pages of the News will then succeed in their regular order. This arrangement was adopted for the convenience of binding the Lectures hereafter in a separate volume.

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